Abstract

Aim: To establish the prevalence of TB-HIV co-infection and its determinants among HIV-positive adolescents and adults, attending outpatient and inpatient clinics of Barranquilla, from July 2003 to June 2004. Methods: A cross-sectional study was held in 173 patients attending HIV/AIDS control programs. After patient informed consent, data was mainly obtained from secondary source (clinical histories) and in a lesser proportion from interviews. The variables studied were related to personal habits and demographic, socio-economic and clinical characteristics. Both, univariate and bivariate analysis was done in Epi-Info V6.04d.

Results: Most patients were males of low socioeconomic status. Of 173 HIV-positives, 19 also had tuberculosis, for a co-infection prevalence of 11%. Pulmonary tuberculosis was the predominant clinical form (17 cases). Bivariate analysis showed that TB-HIV co-infection was associated to the presence of opportunistic infections (p=0.001), drug-abuse (p=0.026), body mass index under 20 (p=0.042) and scarce use of antiretroviral therapy (p=0.0002). Although CD4+ T-lymphocyte count< 200/uL was found to be more common in patients with co-infection, association showed no statistical significance. Conclusions: TB-HIV co-infection prevalence shown in this study was similar to that of some Caribbean and Latin-American countries but lower than in Jamaica. Contrary to other studies, pulmonary tuberculosis was predominant. Despite the factors associated to TB-HIV comorbidity are similar to those seen in TB and HIV independently, these study elicited evidence of the effect of the immunological deterioration and the non-use of antiretroviral therapy.

Keywords

HIV/AIDS, pulmonary tuberculosis, extra-pulmonary tuberculosis, co-infection

TB-HIV.